## **Table of Contents**

# State/Territory Name: Mississippi

## State Plan Amendment (SPA) #: 21-0036

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

#### **DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services Center for Medicaid & CHIP Services 233 North Michigan Ave., Suite 600 Chicago, Illinois 60601



#### **Financial Management Group**

August 24, 2021

Mr. Drew Snyder, Executive Director Mississippi Division of Medicaid Attention: Margaret Wilson 550 High Street, Suite 1000 Jackson, MS 39201-1399

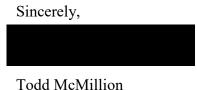
RE: Mississippi State Plan Amendment (SPA) Transmittal Number 21-0036

Dear Mr. Snyder:

We have reviewed the proposed Mississippi State Plan Amendment (SPA), which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 30, 2021. This plan amendment will allow the Division of Medicaid (DOM) to 1) set the fees the same as those effective for State Fiscal Year (SFY) 2021, and 2) remove the five percent (5%) reimbursement reduction for respiratory care for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Beneficiaries, effective July 1, 2021.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Moe Wolf at 410-786-9291 or Moshe.Wolf@CMS.HHS.gov.



Todd McMillion Director Division of Reimbursement Review

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE AND MEDICAID SERVICES		FORM APPROVED	
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	OMB NO. 0938-0193	
STATE PLAN MATERIAL	21-0036	2. STATE	
STATETEANMATERIAL	21-0050	MS	
FOR CENTERS FOR MEDICARE AND MEDICARE	3. PROGRAM IDENTIFICATION:		
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	TITLE XIX OF THE SOCIAL SECURITY ACT		
	(MEDICAID		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	,	
CENTERS FOR MEDICARE AND MEDICAID SERVICES	July 1, 2021		
DEPARTMENT OF HEALTH AND HUMAN SERVICES	5 ,		
5. TYPE OF PLAN MATERIAL (Check One):			
NEW STATE PLAN			
	CONSIDERED AS NEW PLAN	AMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate Transmittal for each	amendment)	
6. FEDERAL STATUTE/REGULATION CITATION: 42 C.F.R. § 447.201	7. FEDERAL BUDGET IMPACT:		
42 C.P.R. § 447.201	FFY 2021: \$0.00		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	FFY 2022: \$0.00		
a. THEE NOMBER OF THE FLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSE	EDED PLAN SECTION	
Attachment 4.19-B, Page 22	OR ATTACHMENT (If Applicable):		
-, -8	Attachment 4.19-B, Page 22		
	Attachment 4.19-D, Page 22		
10. SUBJECT OF AMENDMENT:			
State Plan Amendment (SPA) 21-0036 is being submitted to allow as those effective for State Field Very (SFV) 2021	the Division of Medicaid (DOM) to	1) set the fees the same	
as mose effective for state riscal year (SFY) 2021 and 7) r	emove the five paraget (50/) wint		
respiratory care for Early and Periodic Screening, Diagnosis and Th	reatment (EPSDT) Beneficiaries, effect	tive July 1, 2021	
	( , , , , , , , , , , , , , , , , , , ,	are suly 1, 2021.	
11. GOVERNOR'S REVIEW (Check One):			
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECI	FIED:	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:			
12. STONATORE OF STATE AGENCY OFFICIAL:	16. RETURN TO:		
	0.0000000000000000000000000000000000000		
13. TYPED NAME: Drew L. Snyder	Drew L. Snyder		
	Drew L. Snyder Miss. Division of Medicaid		
13. TYPED NAME: Drew L. Snyder   14. TITLE: Executive Director	Drew L. Snyder Miss. Division of Medicaid Attn: Margaret Wilson		
14. TITLE: Executive Director	Drew L. Snyder Miss. Division of Medicaid Attn: Margaret Wilson 550 High Street, Suite 1000		
14. TITLE: Executive Director	Drew L. Snyder Miss. Division of Medicaid Attn: Margaret Wilson		
14. TITLE: Executive Director 15. DATE SUBMITTED: JUN 3 0 2021	Drew L. Snyder Miss. Division of Medicaid Attn: Margaret Wilson 550 High Street, Suite 1000 Jackson, MS 39201-1399		
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#### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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#### STATE: <u>Mississippi</u>

Attachment 4.19-B Page 22

# METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE

<u>Respiratory Care Services</u> for EPSDT recipients, if medically necessary, reimbursed on a fee for service scale. Effective July 1, 2021, all fees will remain the same as those effective for State Fiscal Year (SFY) 2021.